

County: Buffalo

Facility ID: 8490

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ST MICHAEL'S EV. LUTHERAN HOME
270 NORTH STREET

FOUNTAIN CITY 54629 Phone: (608) 687-7721

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 50

Total Licensed Bed Capacity (12/31/03): 51

Number of Residents on 12/31/03: 29

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 30

Nonprofit Church/Corporation

Skilled

No

Yes

Yes

30

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		20.7
Supp. Home Care-Personal Care	No					1 - 4 Years		27.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.4	More Than 4 Years		34.5
Day Services	No	Mental Illness (Org./Psy)	10.3	65 - 74	10.3			----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	41.4			82.8
Adult Day Care	No	Alcohol & Other Drug Abuse	3.4	85 - 94	37.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	6.9		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	41.4	65 & Over	96.6	-----		
Transportation	No	Cerebrovascular	17.2		-----	RNs		11.1
Referral Service	No	Diabetes	13.8	Gender	%	LPNs		9.7
Other Services	Yes	Respiratory	3.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	3.4	Male	27.6	Aides, & Orderlies		
Mentally Ill	No		----	Female	72.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	5	100.0	300	10	76.9	117	0	0.0	0	11	100.0	126	0	0.0	0	0	0.0	26	89.7
Intermediate	---	---	---	3	23.1	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	3	10.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	5	100.0		13	100.0		0	0.0		11	100.0		0	0.0		0	0.0	29	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	10.9	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	75.9	24.1	29
Other Nursing Homes	4.3	Dressing	37.9	44.8	17.2	29
Acute Care Hospitals	82.6	Transferring	51.7	24.1	24.1	29
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	48.3	27.6	24.1	29
Rehabilitation Hospitals	0.0	Eating	86.2	6.9	6.9	29
Other Locations	2.2	*****				
Total Number of Admissions	46	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	3.4		Receiving Respiratory Care	10.3
Private Home/No Home Health	26.8	Occ/Freq. Incontinent of Bladder	27.6		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	27.6		Receiving Suctioning	3.4
Other Nursing Homes	12.5				Receiving Ostomy Care	0.0
Acute Care Hospitals	35.7	Mobility			Receiving Tube Feeding	6.9
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	13.8
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care			Other Resident Characteristics	
Deaths	25.0	With Pressure Sores	0.0		Have Advance Directives	89.7
Total Number of Discharges		With Rashes	6.9		Medications	
(Including Deaths)	56				Receiving Psychoactive Drugs	62.1

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	58.3	86.2	0.68	83.7	0.70	84.0	0.69	87.4	0.67
Current Residents from In-County	79.3	78.8	1.01	72.8	1.09	76.2	1.04	76.7	1.03
Admissions from In-County, Still Residing	17.4	24.5	0.71	22.7	0.77	22.2	0.78	19.6	0.89
Admissions/Average Daily Census	153.3	110.9	1.38	113.6	1.35	122.3	1.25	141.3	1.09
Discharges/Average Daily Census	186.7	116.1	1.61	115.9	1.61	124.3	1.50	142.5	1.31
Discharges To Private Residence/Average Daily Census	50.0	44.0	1.14	48.0	1.04	53.4	0.94	61.6	0.81
Residents Receiving Skilled Care	89.7	94.4	0.95	94.7	0.95	94.8	0.95	88.1	1.02
Residents Aged 65 and Older	96.6	96.1	1.00	93.1	1.04	93.5	1.03	87.8	1.10
Title 19 (Medicaid) Funded Residents	44.8	68.3	0.66	67.2	0.67	69.5	0.65	65.9	0.68
Private Pay Funded Residents	37.9	22.4	1.69	21.5	1.77	19.4	1.95	21.0	1.81
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	10.3	36.9	0.28	39.1	0.26	36.5	0.28	33.6	0.31
General Medical Service Residents	3.4	17.2	0.20	17.2	0.20	18.8	0.18	20.6	0.17
Impaired ADL (Mean)	37.9	48.1	0.79	46.1	0.82	46.9	0.81	49.4	0.77
Psychological Problems	62.1	57.5	1.08	58.7	1.06	58.4	1.06	57.4	1.08
Nursing Care Required (Mean)	5.2	6.8	0.76	6.7	0.77	7.2	0.72	7.3	0.71